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FACULTY OF MATHEMATICS & SCIENCE
SUPERVISORY COMMITTEE APPROVAL OF THESIS FOR EXTERNAL REVIEW

(Signature of all Supervisory Committee Members is required)

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Date Submitted: _____

Name of Student: _____

Student Number: _____

Graduate Program: _____

Thesis Title: _____

Supervisory Committee Members approve the MSc thesis for external review and oral defence:

Supervisor: _____ Signature: _____

Supervisory Committee Member: _____ Signature: _____

Supervisory Committee Member: _____ Signature: _____

Supervisory Committee Member: _____ Signature: _____

Requested Date of Defence: _____

Graduate Program Director: _____

NOTES:

